

**Pre Qualification Criteria for Enquiry no E0699003**

|      |                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                   |                                                      |                |                                                                        |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|------------------------------------------------------|----------------|------------------------------------------------------------------------|
| 1    | We confirm that we are "Original Manufacturer" of Enamelled Nomex PICC.<br>For this, we are submitting Copy of DIC Registration Certificate <input type="checkbox"/> / Certificate of incorporation <input type="checkbox"/> / Factory license <input type="checkbox"/> / GST Registration <input type="checkbox"/> / Memorandum of Articles <input type="checkbox"/> etc.<br>(Pl tick appropriate documents) |                  |                   |                                                      |                | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> Submitted |
| 2    | Turnover during last three Financial years                                                                                                                                                                                                                                                                                                                                                                    |                  |                   |                                                      |                |                                                                        |
| FY   | 2016-17                                                                                                                                                                                                                                                                                                                                                                                                       | 2017-18          | 2018-19           | Average Turnover                                     | Remark, if any |                                                                        |
|      |                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                   |                                                      |                |                                                                        |
| 3    | Details for supplies made the customers referred at point 3 under heading "Experience" to meet Qualifying Requirement (PQR)                                                                                                                                                                                                                                                                                   |                  |                   |                                                      |                |                                                                        |
| S No | Customer Name                                                                                                                                                                                                                                                                                                                                                                                                 | Order No. & Date | QTY Supplied (MT) | Order Copy, Tax Invoice No., Test Certificate & Date | Remark, if any |                                                                        |
|      |                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                   |                                                      |                |                                                                        |
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|      |                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                   |                                                      |                |                                                                        |
| 4    | We hereby confirm that supplies made against above orders have been found satisfactory and "NO" quality problem was reported by the customers.                                                                                                                                                                                                                                                                |                  |                   |                                                      |                |                                                                        |
| 5    | Supplier Registration Form submitted as per Application No. :<br>( For Qualifying, this is not mandatory)                                                                                                                                                                                                                                                                                                     |                  |                   |                                                      | Dated          |                                                                        |

(Use separate sheet, if needed)

(Signature of the Supplier with Name, Designation &amp; Seal)